Jkt # 0484483 1701850 NH PCN 3328

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile: N

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FL0502400

Agency Name: OCEAN RIDGE POLICE DEPARTMENT

Agency Report Number (N.T.A.'s only): 72- 2017-0017

ChargeType: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☑ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 2 (1. Yes 2. No)

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 5800 BLK OF N. OCEAN BLVD.

Location of Offense (Business Name, Address): 5800 BLK OF N. OCEAN BLVD

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/14/17	0350	01/14/17		01/14/17		

DEFENDANT

Name (Last, First, Middle): ~~GAROLINE H. ZAPIEC~~ ZAPIEC CAROLINE H

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	06/28/90	511	170	BLU	BLN	LT	H

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): NONE

Marital Status: SINGLE | Religion: CATHOLIC

Indication of: Alcohol Influence ☑ Y ☐ N ☐ Unk. | Drug Influence ☐ Y ☐ N ☑ Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): 209 N.E. 13TH STREET DELRAY BEACH FL. 33444

Phone: (239) 910-2881

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip):

Phone: ( )

Address Source: SELF

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( )

Occupation: LAWYER

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
Z120108907280	[redacted]		CAPE CORAL, FL.	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other:

Name (Last) (First) (Middle):

Residence Phone: ( )

Address (Street, Apt. Number) (City) (State) (Zip):

Business Phone: ( )

Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) Relationship: Date: Time:

The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended: Grade:

Property Crime? ☐ Yes ☐ No

Description of Property:

Value of Property:

CODE

Drug Activity: N. N/A P. Possess | S. Sell B. Buy T. Traffic | R. Smuggle D. Deliver E. Use | K. Dispense/ Distribute | M. Manufacture/ Produce/ Cultivate | Z. Other

Drug Type: N. N/A A. Amphetamine | B. Barbiturate C. Cocaine E. Heroin | H. Hallucinogen M. Marijuana O. Opium/Deriv. | P. Paraphernalia/ Equipment S. Synthetics | U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI	1	☐ Y ☑ N	316.193.1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
			2017-0017		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			2017-0017		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount I Unit	Offense #	Warrant / Capias Number	Bond
			2017-0017		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			2017-0017		

NOTICE TO APPEAR

Location (Court, Room Number, Address): 200 W. Atlantic Avenue Courtroom #1, Delray Beach, FL. 33444

Court Date and Time: Month JANUARY Day 30 Year 2017 Time 830 AM ✓ PM

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS ~~NOTICE TO APPEAR, THAT I~~ MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (or Juvenile and Parent / Custodian) Date Signed

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #: THOMAS 7001

Signature of Arresting Officer: X R ERMERI #541

Name of Arresting Officer (Print) I.D. #: OFC. R. ERMERI

Transporting Officer I.D. # Agency: R. ERMERI #541 ORPD

Name Verification (Printed by Arrestee) (PRINT):

Witness here if subject signed with an "X"

PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14 DAY OF JANUARY 20 17, AT _____ PM ✓ AM

SUBJECT: CAROLINE H. ZAPIEC CASE NUMBER: 2017-0017

AGENCY: OCEAN RIDGE POLICE DEPARTMENT ARRESTING OFFICER: OFC. R. ERMERI

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

Zapiec was unconscious behind the wheel of her black in color, 2013, BMW with the engine running and with the vehicle in gear. I also observed that her cellular telephone was on her lap.

OBSERVATION OF DRIVER:

Officer Plesnik and I tapped on the vehicle windows and Zapiec was obviously startled causing her foot to apparently slip off of the brake pedal.

The vehicle then started to roll forward and Plesnik and I were unable to get Zapiec to respond to our further tapping on the widows and our verbal commands.

I returned to my patrol vehicle and activated my emergency lights and utilizing my P.A. I was able to get Zapiec to stop her vehicle.

DRIVER'S STATEMENTS:

Zapiec advised that she was in Delray Beach and that she did not become unconscious behind the wheel of her vehicle.

Zapiec indicated that she was driving in Delray Beach and that I pulled her over so she stopped.

ODORS:

I detected an odor of alcoholic beverage emanating from her person while she was seated in the rear passenger compartment of my patrol car.

GENERAL OBSERVATIONS

SPEECH: **Normal**

ATTITUDE: **Uncooperative**

CLOTHING: **Black and White dress, neat and clean**

MEDICAL/OTHER: **N/A**

STATE OF FLORIDA
COUNTY OF PALM BEACH

R. ERMERI #541
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of January 20 17 by OFC. R. ERMERI

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced OFC. R. ERMERI

B. SUE OWEN
State of Florida-Notary Public
Commission # FF093160
My Commission Expires
May 30, 2018

Notary Public, Clerk of Court, Officer (F.S.S 117.10)

SUBJECT: CAROLINE H. ZAPIEC **CASE NUMBER:** 2017-0017

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☐ LT EYE-LACK OF SMOOTH PURSUIT

☐ RT EYE-LACK OF SMOOTH PURSUIT

☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☐ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

REFUSED

WALK & TURN:
REFUSED

ONE LEG STAND:
REFUSED

FINGER TO NOSE:
REFUSED

ROMBERG ALPHABET:
REFUSED

BREATH TEST RESULTS: 1) 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

R S - 1 H541
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of January 20 17 by **OFC. R. ERMERI**

(Print name of Arresting/Investigative Officer), who is personally known to me or has produced identification. Type of identification produced **OFC. R. ERMERI**

Notary Public, Clerk of Court, Officer (F.S.S 117.10)

B. SUE OWEN
State of Florida-Notary Public
Commission # FF 093160
My Commission Expires
May 30, 2018

WITNESS LIST

CASE NUMBER: 2017-0017

ARRESTING OFFICER: OFC. R. ERMERI
ADDRESS: 6450 N. Ocean Blvd, Ocean Ridge, Florida 33435
PHONE NUMBERS (HOME): N/A (WORK) 561-732-8331
CAN TESTIFY TO: Zapiec was in physical control of her vehicle and unconscious behind the wheel.

NAME: OFC. N. PLESNIK
ADDRESS: 6450 N. Ocean Blvd, Ocean Ridge, Florida 33435
PHONE NUMBERS (HOME) (WORK) (561) 732-8331
CAN TESTIFY TO: Zapiec was in physical control of her vehicle and unconscious behind the wheel.

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

TESTING FACILITY TASK REPORT

AGENCY: Ocean Ridge P.D.

SUBJECT: ZApiec, Caroline HALINA CASE NUMBER: 17-026478

DATE: 01/14/17 ~~VIDEO TAPE NUMBER:~~ DVD# 61985

BEGINNING TIME: 0522 ENDING TIME: 0525

BREATH TESTS RESULTS: 1) REFUSED TIME 0524 A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: quiet, co-operative

CLOTHING: black/white striped dress

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Strong odor of unknown Alcoholic beverage
D allowed to go to bathroom during observation

COMMENTS: A/O & D arrived at 0450hrs
A/O observed 20 minutes
A/O requested breath test, D refused
A/O read I/C, D understood, still refused
A/O read C/W, D understood rights
No Q&A D asked for Attorney

SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X)_____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X)_____

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:
- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____